



City of Rochester, NY
Robert J. Duffy, Mayor

ADMINISTRATIVE APPEAL
(Section 120-195A)
BUREAU OF PLANNING AND ZONING
CITY HALL, 30 CHURCH STREET, ROOM 125B
ROCHESTER, NEW YORK 14614

APPLICATION

APPLICATIONS ARE ACCEPTED BY APPOINTMENT ONLY. To schedule an appointment, please call or e-mail **Justus Ocholi at (585) 428-7047** or **justus.ocholi@cityofrochester.gov**

Office Use	<u>APPLICATION REQUIREMENTS:</u>
<input type="checkbox"/>	1. Two (2) copies of this application.
<input type="checkbox"/>	2. One (1) copy of all information or documentation supporting and relating to your application.
<input type="checkbox"/>	3. Fee: \$100.00.

1. **PROJECT ADDRESS(ES):** _____

2. **FILE NUMBER OF DECISION TO BE APPEALED:** _____

3. **DATE OF DECISION:** _____

4. **APPLICANT:** _____ **COMPANY NAME:** _____

ADDRESS: _____ **CITY:** _____ **ZIP CODE:** _____

PHONE: _____ **FAX:** _____

E-MAIL ADDRESS: _____

INTEREST IN PROPERTY: Owner _____ Lessee _____ Other _____

5. **REASON FOR APPEAL:** _____

APPLICANT: I certify that the information supplied on this application is complete and accurate, and that the project described, if approved, will be completed in accordance with the conditions and terms of that approval.

SIGNATURE: _____ **DATE:** _____

OWNER (if other than above): I have read and familiarized myself with the content of this application and do hereby consent to its submission and processing.

SIGNATURE: _____ **DATE:** _____

[FOR OFFICE USE ONLY]

ADDRESS: _____ **FILE NUMBER:** _____

DATE FILED: _____ **FEE:** _____